

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement and any additional documentation to: **Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW Washington, DC 20503.**

<p>1. Agency/Subagency originating request EPA/Office of Air and Radiation/ Office of Atmospheric Programs</p>	<p>2. OMB control number b. <input type="checkbox"/> None a 2060 - 0247 — — — —</p>
<p>3. Type of information collection (<i>check one</i>)</p> <p>a. <input type="checkbox"/> New collection</p> <p>b. <input type="checkbox"/> Revision of a currently approved collection</p> <p>c. <input checked="" type="checkbox"/> Extension of a currently approved collection</p> <p>d. <input type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired</p> <p>e. <input type="checkbox"/> Reinstatement, with change, of a previously approved collection for which approval has expired</p> <p>f. <input type="checkbox"/> Existing collection in use without an OMB control number</p> <p><i>For b-f, note item A2 of Supporting Statement Instructions</i></p>	<p>4. Type of review requested (<i>check one</i>)</p> <p>a. <input checked="" type="checkbox"/> Regular</p> <p>b. <input type="checkbox"/> Emergency - Approval requested by: _____</p> <p>c. <input type="checkbox"/> Delegated</p> <p>5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>6. Requested expiration date a. <input checked="" type="checkbox"/> Three years from approval date b. <input type="checkbox"/> Other Specify: ___/___/___</p>	
<p>7. Title: Stratospheric Ozone Protection, Servicing of Motor Vehicle Air Conditioners, CFR 40 Subpart B (82.30 et.seq.)</p>	
<p>8. Agency form number(s): ICR #1617.04</p>	
<p>9. Keywords: Air Pollution Control, Motor Vehicle Pollution, Clean Air Act</p>	
<p>10. Abstract: In 1992, EPA developed regulations under Section 609 of the Clean Air Act of 1990 (the Act) for the recycling of chlorofluorocarbons in motor vehicle air conditioners (MVACs). The regulations were published in 57 FR 31240, and are codified at 40 CFR Subpart B (Section 82.30 <i>et seq.</i>). The regulations establish standards and requirements for the servicing of MVACs that use any refrigerant other than CFC-12. The information requested for all entities that service motor vehicle air conditioning is required by Section 609(d)(4). Section 609(b)(2)(A) requires the approval of independent laboratories by EPA. The submission of data for EPA determination of substantially identical equipment is addressed by Section 609(b)(2)(B). The recordkeeping requirements for the motor vehicle recycling program are derived from Section 114 of the Act. With this Information Collection Request (ICR), EPA's Office of Air and Radiation and Office of Prevention, Pesticides and Toxic Substances are preparing to request applications for critical use exemptions from the phaseout of methyl bromide under the Clean Air Act (CAA). An upcoming notice in the Federal Register will invite applications requesting critical use exemptions.</p>	
<p>11. Affected public (<i>Mark primary with "P" and all others that apply with "X"</i>)</p> <p>a. <input type="checkbox"/> Individuals or households d. <input checked="" type="checkbox"/> Farms</p> <p>b. <input type="checkbox"/> Business or other for-profit e. <input checked="" type="checkbox"/> Federal Government</p> <p>c. <input checked="" type="checkbox"/> Not-for-profit institutions f. <input checked="" type="checkbox"/> State, Local or Tribal Government</p>	<p>12. Obligation to respond (<i>Mark primary with "P" and all others that apply with "X"</i>)</p> <p>a. <input type="checkbox"/> Voluntary</p> <p>b. <input type="checkbox"/> Required to obtain or retain benefits</p> <p>c. <input checked="" type="checkbox"/> Mandatory</p>
<p>13. Annual reporting and recordkeeping hour burden</p> <p>a. Number of respondents <u>24,012</u></p> <p>b. Total annual responses <u>35,020</u></p> <p>1. Percentage of these responses collected electronically <u>0</u> %</p> <p>c. Total hours requested <u>6,882</u></p> <p>d. Current OMB inventory <u>8,882</u></p> <p>e. Difference <u>(2,000)</u></p> <p>f. Explanation of difference</p> <p>1. Program Change _____</p> <p>2. Adjustment <u>(2,000)</u></p>	<p>14. Annual reporting and recordkeeping cost burden (<i>in thousands of dollars</i>)</p> <p>a. Total annualized capital/startup costs <u>\$0</u></p> <p>b. Total annual costs (O&M) <u>\$0</u></p> <p>c. Total annualized cost requested <u>\$0</u></p> <p>d. Current OMB inventory <u>\$0</u></p> <p>e. Difference <u>\$0</u></p> <p>f. Explanation of difference</p> <p>1. Program change <u>\$0</u></p> <p>2. Adjustment <u>\$0</u></p>
<p>15. Purpose of information collection (<i>Mark Primary With "P" and all others that apply with "X"</i>)</p> <p>a. <input type="checkbox"/> Application for benefits e. <input type="checkbox"/> Program planning or management</p> <p>b. <input checked="" type="checkbox"/> Program evaluation f. <input type="checkbox"/> Research</p> <p>c. <input type="checkbox"/> General purpose statistics g. <input checked="" type="checkbox"/> Regulatory or compliance</p> <p>d. <input type="checkbox"/> Audit</p>	<p>16. Frequency of recordkeeping or reporting (<i>check all that apply</i>)</p> <p>a. <input checked="" type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure</p> <p>c. <input checked="" type="checkbox"/> Reporting</p> <p>1. <input checked="" type="checkbox"/> On occasion 2. <input type="checkbox"/> Weekly 3. <input type="checkbox"/> Monthly</p> <p>4. <input type="checkbox"/> Quarterly 5. <input type="checkbox"/> Semi-annually 6. <input type="checkbox"/> Annually</p> <p>7. <input type="checkbox"/> Biannually 8. Other (describe)</p>
<p>17. Statistical methods Does this information collection employ statistical methods? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Agency contact (<i>person who can best answer questions regarding the content of this submission</i>) Name: <u>Nancy Smagin</u> Phone: <u>202-564-9126</u></p>

19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with' 5 CFR 1320.9.

NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3):
 - (I) Why the information is being collected'
 - (ii) Use of information;
 - (iii) Burden estimate;
 - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
 - (v) Nature and extent of confidentiality; and
 - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);
- (I) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Program Official

Date

Signature of Senior Official or designee

**Oscar Morales, Director
Collection Strategies Division
Office of Environmental Information**

Date